PTO/SB/17 (10-08)
Approved for use through 06/30/2010. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OME							alid OMB control number	
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known				
				Application Number	10/549,29	10/549,299		
FEE TRANSMITTAL For FY 2009 Applicant claims small entity status. See 37 CFR 1.27				Filing Date	2005-09-1	2005-09-15		
				First Named Invento	r Guillaume	Guillaume Bichot		
				Examiner Name	Steven C.	Steven C. Nguyen		
			Art Unit	2443				
TOTAL AMOUNT OF PAYM	ENT (\$)	804		Attorney Docket No.	PU03008	7		
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
X Deposit Account Deposit Account Number: 07-0832 Deposit Account Name: THOMSON LICENSING LLC								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s)								
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card								
Information and authorization on PTO-2038.								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES								
	FILING F	EES mall Entity	SEAF	Small Entity	Small		F D-14 (A)	
Application Type	Fee (\$)		<u>Fee (\$</u>		Fee (\$) Fee		Fees Pald (\$)	
Utility	330	165	540	270	220 11		A	
Design	220	110	100	50	140 7	0	~~~~	
Plant	220	110	330	165	170 8	5	***************************************	
Reissue	330	165	540	270	650 32	5	***************************************	
Provisional	220	110	0	0	0	0		
2. EXCESS CLAIM FEES See (\$) Fee (\$)								
Fee Description Each claim over 20 (including Reissues)						52	26	
Fach independent claim over 3 (including Reissues)						220	110	
Multiple dependent claims 390 193								
Total Claims				e Paid (\$)			ndent Claims Fee Pald (\$)	
20 - 20 or HP = HP = highest number of total	7	x <u>52</u>	-	_364		-ee (\$)	F66 F atu (47	
	Extra Clair		Fe	e Paid (\$)				
5 - 3 or HP = 2 x 220 = 440 HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 30								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)								
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge):								
SUBMITTED BY	// 65	de	_	Registration No. 22,6	356	Telephone	609-734-6832	
Data is a second								
Name (Print/Type) Daniel E.	Sragow					1 6 02	10 ·· 30 00 1	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.